

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

|                                  |  |                                    |  |
|----------------------------------|--|------------------------------------|--|
| 1 Date of Request: <u>6-9-05</u> |  | 2 Serial/Patent # <u>10/706723</u> |  |
|----------------------------------|--|------------------------------------|--|

| 3 Please refund the following fee(s):                      | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT      |
|--|----------------|--------------|---------------|
| <input checked="" type="checkbox"/> Filing <u>1 PCE</u>    |                | <u>6/6/5</u> | \$ <u>790</u> |
| <input type="checkbox"/> Amendment                         |                |              | \$            |
| <input type="checkbox"/> Extension of Time                 |                |              | \$            |
| <input type="checkbox"/> Notice of Appeal/Appeal           |                |              | \$            |
| <input checked="" type="checkbox"/> Petition               |                | <u>6/6/5</u> | \$ <u>130</u> |
| <input type="checkbox"/> Issue                             |                |              | \$            |
| <input type="checkbox"/> Cert of Correction/Terminal Disc. |                |              | \$            |
| <input type="checkbox"/> Maintenance                       |                |              | \$            |
| <input type="checkbox"/> Assignment                        |                |              | \$            |
| <input type="checkbox"/> Other                             |                |              | \$            |
| 7 TOTAL AMOUNT OF REFUND                                   |                |              | \$ <u>920</u> |

|   |  |    |   |    |   |   |   |   |
|---|--|----|---|----|---|---|---|---|
| 10 REASON:  | 8 TO BE REFUNDED BY:   |    |   |    |   |   |   |   |
| <input type="checkbox"/> Overpayment                  | <input type="checkbox"/> Treasury Check  |    |   |    |   |   |   |   |
| <input checked="" type="checkbox"/> Duplicate Payment | <input checked="" type="checkbox"/> Credit Deposit A/C #:  |    |   |    |   |   |   |   |
| <input type="checkbox"/> No Fee Due (Explanation):    | 9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">2</td> <td style="width: 20px;">0</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">0</td> <td style="width: 20px;">9</td> <td style="width: 20px;">0</td> </tr> </table> | 2  | 0 | -- | 0 | 0 | 9 | 0 |
| 2   | 0  | -- | 0 | 0  | 9 | 0 |   |   |

|   |                            |
|---|----------------------------|
| 11 REFUND REQUESTED BY:                               |                            |
| TYPED/PRINTED NAME: <u>F Hicks</u>                    | TITLE: <u>Pats Ex N</u>    |
| SIGNATURE: <u>[Signature]</u>                         | PHONE: <u>571 272 3218</u> |
| OFFICE: <u>4700</u>                                   |                            |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** |                            |
| APPROVED: <u>[Signature]</u>                          | DATE: <u>6/9/05</u>        |

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*